

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)

Hockensmith for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Tom Hockensmith

Political Party (if applicable)

Democrat

Office Sought

Polk County Supervisor

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 01/01/2007 - 12/31/2007

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held
Polk**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

22,759.26

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....

3,240.30

Schedule F: Loans Received total (Attach Schedule F).....

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 25,999.56

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below).....

4,276.77

Schedule F: Loan Repayments total (Attach Schedule F).....

0.00

CASH ON HAND at the end of this reporting period (If final report balance must
be zero) (Attach DR-3).....\$

21,722.79

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$

30.42

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reset Form

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT**For Office Use Only**

Comm #

Logged in

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign

Disclosure Board

510 E. 12th, Ste. 1A

Des Moines, Iowa 50319

Fax: 515-281-3701

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
01/31/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		\$5.15	<input type="checkbox"/>
02/28/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		4.27	<input type="checkbox"/>
03/30/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		4.52	<input type="checkbox"/>
04/30/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		4.64	<input type="checkbox"/>
05/31/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		4.54	<input type="checkbox"/>
06/29/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		4.20	<input type="checkbox"/>
07/17/2007	ID# CK#	Jeanne Middleton 501 SE Aster Court Ankeny, IA 50021		25.00	<input checked="" type="checkbox"/>
07/19/2007	ID# CK#	Geri Huser 213 7th Street NW Altoona, IA 50009		100.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Virginia Rowen 3407 Crocker Des Moines, IA 50312		25.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Deborah Farnsworth 3503 E 43rd Court Des Moines, IA 50317		25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 202.32

TOTAL (If last page of this schedule)

\$ --

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Page 1 of 7
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/28/2007	ID# CK#	Carmen Putzier 3924 E 27th Street Des Moines, IA 50317		\$25.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	William Vaughn 1321 5th Avenue SW Altoona, IA 50009		25.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Marlin Luing 9800 NE 75th Avenue Bondurant, IA 50035		50.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Phil Hildenbrand 300 Edgewood Lane Pleasant Hill, IA 50327		50.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	William Ryan 2611 E 29th Des Moines, IA 50317		25.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Chris Fields 2523 59th Des Moines, IA 50322		25.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Pamela Conner 2715 E40th Des Moines, IA 50317		10.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Barbara Post-Althaus 1510 Thompson Des Moines, IA 50316-1626		20.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	John Rowen 1414 8th Avenue SE Altoona, IA 50009		100.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	David Hibbard 1042 Badger Creek Road Van Meter, IA 50261		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 430.00	
TOTAL (If last page of this schedule)				\$	

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For Instructions, See Back of Form

Refer Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE, ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 58B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/28/2007	ID# CK#	Deborah Babb 1660 Copper Creek Court Pleasant Hill, IA 50327		\$100.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	James Appleby 1321 E 27th Court Des Moines, IA 50317-2602		100.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Suzette Jensen 3127 Thompson Des Moines, IA 50317-3145		100.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Victoria Campbell 20 Liberty Bell Pleasant Hill, IA 50327		100.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Carolyn Hockensmith 2718 Tiffin Des Moines, IA 50317	mother	100.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Martha Miller 5230 E Oakwood Drive Pleasant Hill, IA 50327		25.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Sheryl Norman 2611 E 29th Des Moines, IA 50317		25.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Daniel Benshoof 1516 E Lacona Ave Des Moines, IA 50320		85.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Connie Wieslander 305 Mill Street SW Mitchellville, IA 50169		100.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Edward Wieslander PO Box 56 Mitchellville, IA 50169		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 835.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/28/2007	ID# CK#	David Hawkins 615 SE Titus Des Moines, IA 50315		\$160.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Michelle Pollock 524 SW Southlawn Drive Ankeny, IA 50023-3415		25.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Tom Fontanini 1335 Thornton Des Moines, IA 50315		10.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Bob Gomez 1219 Emma Des Moines, IA 50315		10.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Tony Northway 6401 N 140th Street S Mitchellville, IA 50169		10.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Kurt Bailey 11036 NE 82nd Avenue Mitchellville, IA 50169		100.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Mark Hedberg 2324 E 29th Des Moines, IA 50317		50.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	John Kaiser 5800 SE 2nd Des Moines, IA 50315		20.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Lori Leo 4101 Walcott Des Moines, IA 50321		20.00	<input checked="" type="checkbox"/>
07/28/2007	ID# CK#	Unitemized		125.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 530.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

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07/31/2007	ID# CK#	Larry Land 6048 Terrace Drive Johnsto, IA 50131		\$250.00	<input checked="" type="checkbox"/>
07/31/2007	ID# CK#	Skip Conkling PO Box 308 Altoona, IA 50009		100.00	<input checked="" type="checkbox"/>
07/31/2007	ID# CK#	Randy Robinson 4566 Lexington Drive Pleasant Hill, IA 50327		100.00	<input checked="" type="checkbox"/>
07/31/2007	ID# CK#	Bruce Mason 300 Village Circle Altoona, IA 50009		20.00	<input checked="" type="checkbox"/>
07/31/2007	ID# CK#	Kathleen Hamre 14146 Pinnacle Point Drive Clive, IA 50325		150.00	<input checked="" type="checkbox"/>
07/31/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		4.60	<input type="checkbox"/>
08/20/2007	ID# CK#	Lisa Tunks 2601 E 39th Des Moines, IA 50317		50.00	<input checked="" type="checkbox"/>
08/20/2007	ID# CK#	Nancy Andrew 1407 Linden Lane Des Moines, IA 50315		10.00	<input checked="" type="checkbox"/>
08/20/2007	ID# CK#	Patricia Umthun 11651 NW 121st Street Granger, IA 50109		20.00	<input checked="" type="checkbox"/>
08/20/2007	ID# CK#	Rosemary Moody 5285 E Oakwood Drive Des Moines, IA 50327		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 754.60	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/20/2007	ID# CK#	Marilyn Spina 2545 E Ovid Des Moines, IA 50317		\$20.00	<input checked="" type="checkbox"/>
08/20/2007	ID# CK#	Julie Haggerty 9916 Tanglewood Drive Des Moines, IA 50322		25.00	<input checked="" type="checkbox"/>
08/20/2007	ID# CK#	Valerie Mason 12971 NE 14th Street Alleman, IA 50007		25.00	<input checked="" type="checkbox"/>
08/20/2007	ID# CK#	Carl Wiederaenders 4312 Kingman Blvd Des Moines, IA 50310		100.00	<input checked="" type="checkbox"/>
08/20/2007	ID# CK#	Unitemized		45.00	<input checked="" type="checkbox"/>
08/31/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		4.73	<input type="checkbox"/>
09/20/2007	ID# CK#	Linda Westergaard 4009 E 23rd Des Moines, IA 50317		250.00	<input type="checkbox"/>
09/28/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		4.34	<input type="checkbox"/>
10/31/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		5.10	<input type="checkbox"/>
11/30/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		456	<input type="checkbox"/>

SUB-TOTAL

TOTAL (If last page of this schedule)

\$45373

\$

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/31/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316		\$4.65	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 4.65	
TOTAL (If last page of this schedule)				\$ 3240.30	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/05/2007	ID# CK#	Davitt Photo Alliance PO Box 6235 Des Moines, IA 50309	Photo Shoot	\$ 388.60
01/31/2007	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Avenue Des Moines, IA 50317	storage unit rent	38.16
02/11/2007	ID# CK#	Blaines 2606 E Grand Des Moines, IA 50317	T-shirts	329.45
03/06/2007	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Ave Des Moines, IA 50317	storage unit rent	38.16
03/30/2007	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Ave Des Moines, IA 50317	storage unit rent	38.16
04/19/2007	ID# CK#	Polk County Democrats 1111 E Army Post Road Des Moines, IA 50315	donation	500.00
05/01/2007	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Ave Des Moines, IA 50317	storag unit rent	38.16
05/10/2007	ID# CK#	City of Pleasant Hill 5151 Maple Drive Pleasant Hill, IA 50327	shelter rental for July picnic/fundraiser	50.00
SUB-TOTAL				\$ 1420.69
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(I))

Page 1 of 4

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/31/2007	ID# CK#	Carter Printing 1739 E Grand Des Moines, IA 50316	picnic tickets	\$ 167.48
05/31/2007	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Avenue Des Moines, IA 50317	storage unit rent	38.16
06/16/2007	ID# CK#	Pleasant Hill Chamber of Commerce 5160 Maple Drive Suite C Pleasant Hill, IA 50327	hole sponsorship/advertising golf tournament	150.00
07/01/2007	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Ave Des Moines, IA 50317	storage unit rent	38.16
07/01/2007	ID# CK#	Carter Printing 1739 E Grand Des Moines, IA 50316	post card for July picnic	38.16
07/19/2007	ID# CK#	SE Polk Booster Club 8325 NE University Runnells, IA 50237	donation	500.00
07/28/2007	ID# CK#	Mike Colyn 445 NE 2nd Street Altoona, IA 50009	beverages for fundraiser	268.37
07/28/2007	ID# CK#	Dick Hudnall 3432 E Hull Des Moines, IA 50317	food for fundraiser	99.50
SUB-TOTAL				\$ 1299.83
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Resort Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/28/2007	ID# CK#	Amanda Tyler 3423 SW 8th Des Moines, IA 50315	food, paper goods, plastic ware for picnic	\$ 370.24
07/31/2007	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Avenue Des Moines, IA 50317	storage unit rent	38.16
07/31/2007	ID# CK#	Joyce Hockensmith 3502 E 43rd Court Des Moines, IA 50317	lemonade and cooler for picnic	25.06
08/03/2007	ID# CK#	Amanda Tyler 3423 SW 8th Des Moines, IA 50315	refund/return of unused paper goods from picnic	<50.04>
08/29/2007	ID# CK#	Carter Printing 1739 E Grand Des Moines, IA 50316	envelopes	57.24
08/29/2007	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Ave Des Moines, IA 50317	storage unit rent	38.16
08/31/2007	ID# CK#	Community State Bank 1401 E Euclid Des Moines, IA 50316	account service charge/tax	.21
09/29/2007	ID# CK#	Capitol City Mini Storage 2222 Guthrie Ave Des Moines, IA 50317	storage unit rent	99.50
SUB-TOTAL				\$ 517.22
TOTAL (if last page of this schedule)				\$

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/29/2007	ID# CK#	Pleasant Hill Chamber of Commerce 5160 Maple Drive Suite C Pleasant Hill, IA 50327-8440	labor day festival advertising	\$ 250.00
10/10/2007	ID# CK#	Joyce Hockensmith 3502 43rd Court Des Moines, IA 50317	parade candy \$95.87 postage \$18.86	114.55
10/10/2007	ID# CK#	Polk County Democrats 1111 E Army Post Road Des Moines, IA 50317	donation	100.00
11/09/2007	ID# CK#	Capitol City Mini Storage 2222 Guthrie Des Moines, IA 50317	storage unit rent	38.16
11/09/2007	ID# CK#	Altoona Herald/Mitchellville Index 100 8th Street SE Altoona, IA 50009	adversitement	250.00
12/01/2007	ID# CK#	Capitol City Mini Storage 2222 Guthrie Des Moines, IA 50317	storage unit rent	38.16
12/13/2007	ID# CK#	Wells Print & Digital Services PO Box 1744 Madison, WI 53701-1744	Web site & Email hosting	210.00
12/31/2007	ID# CK#	Capital City Mini Storage 2222 Guthrie Des Moines, IA 50317	storage unit rent	38.16
SUB-TOTAL				\$ 1039.03
TOTAL (If last page of this schedule)				\$ 4276.77

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Hockensmith for Supervisor

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
07/28/2007	John Rowen 1414 8th Ave SE Altoona, IA 50009		postage	\$ 30.42	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

 TOTAL (If last
page of this
schedule)

\$

30.42

\$

30.42

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 1
(for Schedule E)